

**WINCHESTER PARKS AND RECREATION
DEPARTMENT
ATHLETIC TOURNAMENT PERMIT REQUEST**

APPLICATION

***REQUEST APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING
THE HOLD HARMLESS AGREEMENT.***

TOURNAMENT TITLE:_____

ORGANIZATION:_____

CONTACT PERSON:_____

ADDRESS:_____

TELEPHONE NO._____

WHICH FACILITIES: _____

DATE(S) YOU ARE REQUESTING: _____

**(APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS
PRIOR TO EVENT)**

**HAS YOUR ORGANIZATION HELD THIS TOURNAMENT IN A
WINCHESTER PARKS AND RECREATION DEPARTMENT
FACILITY BEFORE?**

YES_____

NO_____

IF YES TO THE ABOVE, WHERE AND WHEN?

**IF YOUR REQUEST IS FOR JIM BARNETT PARK DOES YOUR
EVENT REQUIRE A SHUT-DOWN ANY OF THE FOLLOWING?**

ATHLETIC FIELDS_____

SHELTERS_____

WAR MEMORIAL BUILDING_____

ANY PARK ROADS_____

ENTIRE PARK_____

IS THIS EVENT A FUNDRAISER FOR YOUR ORGANIZATION?

YES_____

NO_____

**IS YOUR ORGANIZATION PLANNING ON MAKING A
DONATION TO THE WINCHESTER PARKS AND RECREATION
DEPARTMENT FOR THE USE OF THE ABOVE FACILITY OR
FACILITIES?**

YES_____

NO_____

IF YES, PLEASE DESCRIBE THE DONATION:

WILL THERE BE FOOD CONCESSIONS?

YES_____

NO_____

**WHO WILL BE GETTING THE HEALTH DEPARTMENT
PERMIT? (IF REQUIRED)**

**WILL THERE BE VENDORS SELLING OTHER ITEMS?(T-
SHIRTS, TRINKETS, ETC.)**

YES_____

NO_____

WILL YOU BE CHARGING AN ADMISSION FEE?

YES_____

NO_____

**IS YOUR ORGANIZATION REQUESTING THAT THE
WINCHESTER PARKS AND RECREATION DEPARTMENT BE AN
OFFICIAL CO-SPONSOR OF THE TOURNAMENT?**

YES_____

NO_____

WHAT ITEMS OR TASKS WILL YOUR ORGANIZATION BE PROVIDING OR PERFORMING FOR THE SPECIAL EVENT? (PLEASE LIST ALL)

YOUR APPLICATION WILL BE REVIEWED BY THE WINCHESTER PARKS AND RECREATION DEPARTMENT AND THE WINCHESTER PARKS AND RECREATION BOARD. ADDITIONAL INFORMATION MAY BE REQUIRED FOR GRANTING SPECIAL EVENT PERMIT FOR SPECIAL EVENT.

SIGNED:_____ **DATE:**_____

TITLE:_____